

A.D. 10.13, Inmate Programs

Prepared for signature 11/8/95 - effective 11/9/95

1. Policy. The Department shall conduct facility and community based programs to motivate inmates toward positive behavioral change and successful integration back into the community.
2. Authority and Reference.
 - A. Connecticut General Statutes, Sections 17-155s, 18-81 and 18-101(h).
 - B. American Correctional Association, Standards for Adult Correctional Institution, Third Edition, January 1990, Standards 3-4288, 3-4292, 3-4371, 3-4380 through 3-4384, and 3-4386 through 3-4389.
 - C. American Correctional Association, Standards for Adult Local Detention Facilities, Third Edition, March 1991, Standards 3-ALDF-1E-01, 3-ALDF-1E-02, 3-ALDF-1E-05, 3-ALDF-1E-06, 3-ALDF-4F-01 through 3-ALDF-4F-05, 3-ALDF-4G-01 and 3-ALDF-5B-02.
 - D. Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, Federal Regulations.
 - E. Department of Correction, Model Alcohol and Drug Treatment Program, 1991.
 - F. Connecticut Certification Board (CCB), Standards, 1993.
 - G. Department of Public Health and Addiction Services (DPHAS), Standards and Funding Criteria, 1993.
 - H. Administrative Directives 1.5, Public Information and News Media Relations; 1.7, Research; 1.9 Audits; and 2.7, Training and Staff Development; 4.1, Offender Records; and 4.5, Records Retention.
3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Client Tracking System (CTS). A computer management information tool to study the scope of program utilization by inmates on a statewide basis.
 - B. Clinical Supervision. The structured application of documented program functions utilizing direct observation and feedback by a trained staff member.
 - C. Intervention. A systematic direction upon an inmate's actions which positively impact emotion, thinking, and/or behavior.
 - D. Program. An activity guided by a structured curriculum which address a specific inmate need area, e.g., addiction, violence, education, training, spirituality, parenting, anger management, life skills, etc.
 - E. Program Coordinator. A staff member responsible for, at a minimum, overseeing a specific treatment and intervention program(s) at a facility or community level.
 - F. Program File. A compilation of information relating to an inmate's program involvement which is normally maintained separate from the inmate's Master File.
 - G. Program Group. An activity promoting intervention, relapse reduction and viable aftercare planning.
 - H. Program Staff. An employee responsible to review an inmate's needs areas and to set up or provide specific treatment

interventions in coordination with the inmate's Classification Counselor, e.g., addiction services counselor, educator, mental health professional, chaplain, etc.

- I. Relapse. The return to previous dysfunctional behavior including the return to crime and/or substance abuse.
 - J. Recovery. An incremental learning process towards a stable change in behavior, attitudes and values to attain a law abiding and substance abuse free lifestyle.
- 4. Manual. The Director of Programs and Services shall develop a Program Manual which outlines program services for the Department. The manual shall be reviewed and require approval by the Deputy Commissioner of Programs on an annual basis.
 - 5. Administration. The Director of Programs and Services, under the authority of the Deputy Commissioner for Programs, shall direct and oversee the Department's program services.
 - 6. Unit Programs. Each facility and community services unit, in consultation with the Director of Programs and Services, shall develop a program plan consistent with the resources available. A Program Coordinator may be assigned at each unit to:
 - A. Plan, develop and monitor programs.
 - B. Develop, implement and conduct clinical supervision of programs.
 - C. Oversee assigned inmate program caseloads.
 - D. Supervise and manage program staff assigned to the unit.
 - 7. Program Staff.
 - A. Caseload Assignment and Review. The Program Coordinator shall assign inmate caseloads among the unit's program staff. Program staff shall meet with each assigned inmate's Classification Counselor to review the inmate's need areas. Program staff shall then meet with each assigned inmate to complete a program plan which may include completion of Inmate Schedule, CN 101301, Attachment A, as determined appropriate by the Program Coordinator. The program will normally be completed within 30 days of the inmate's admission to the facility. Program staff shall ensure program interventions and work assignments are prioritized based on needs and shall submit the completed program plan to the classification committee for approval.
 - B. Program Staff Responsibilities. In addition to any other assigned or required duty, program staff shall, for each assigned inmate:
 - 1. respond in person or in writing to inmate program requests within 15 calendar days;
 - 2. manage and coordinate counseling program functions;
 - 3. dialogue with each inmate as necessary;
 - 4. maintain presence, access and visibility to ascertain inmate motivation, participation, and conduct;
 - 5. provide written recommendations to the classification counselor regarding updates in program needs scores, to include subcodes;
 - 6. conduct program groups, if applicable; and

7. maintain program and master files as appropriate.
 - C. Inmate Case Review and Documentation. Program staff shall meet, as appropriate, with the Program Coordinator to review select cases. The outcome of each review shall be recorded in the inmate's program file. For program interventions directly relating to needs scores, efforts should be made to retain a participating inmate at that facility until program completion. Significant programmatic events (e.g., completion of GED or tier program, etc.) shall be forwarded to the inmate's classification counselor to be logged in the Program Activity Log, CN 101302, Attachment B.
8. Counseling Programs. The Director of Programs and Services shall designate units to provide for the following counseling programs:
- A. Alcohol and Drug Treatment Program. The Alcohol and Drug Treatment Program shall consist of four (4) tiers of treatment involvement which shall begin in the correctional facility and may continue in the community for those inmates who remain under Department of Correction supervision. Each appropriate unit shall be designated a specific tier program(s) and shall comply with the standards for that tier.
 1. Tier 1: Required Substance Abuse Education. Each inmate identified with a substance abuse treatment need shall attend substance abuse education. Program staff shall be responsible for the coordination of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, and community referrals. Tier 1 required substance abuse education shall include four (4) group sessions plus an AA and NA meeting.
 2. Tier 2: Intensive Outpatient. An inmate may choose, or be required to participate in an Intensive Outpatient program which shall consist of weekly units of two (2) or more program components.
 3. Tier 3: Non-Residential. An inmate may choose to participate in a non-residential program with daily involvement (5 days a week) in at least one (1) program component.
 4. Tier 4: Residential Treatment. An inmate may choose to participate in Residential Treatment with a minimum of daily involvement (5-7 days a week) as required by the specific program. The residential program shall be located in an area separate from the general population.
 - B. Sexual Offender Program. A sexual offender program may be provided as authorized by the Deputy Commissioner of Programs.
 - C. Program Group. A Program Group shall be provided as dictated by the needs of the inmate population.
 1. Program Development. A unit shall submit any requested program proposals to the Director of Programs and Services for approval. All program components shall have written curricula, be facilitated or monitored by a trained staff member, and have specific capacity numbers.
 2. Participation. An inmate may volunteer to participate in a

Program Group or may be required to participate in a Program Group when such participation is determined to be necessary by the program staff.

3. Documentation. All program participation shall be documented. All program participants, successfully completing the program, shall receive certificates of completion identifying the specific program component(s), dates of completion and the total hours of involvement.
 4. Volunteer Programs. This Directive shall not preclude any unit from providing volunteer programs for inmate participation, (e.g., Alcoholics Anonymous, Narcotics Anonymous, Thresholds, etc.).
- D. Pre-release. Pre-release programming and services may be required for each appropriate inmate, prior to release to the community. Participation in classes may include:
1. a review of the program plan to ensure each identified need has been addressed;
 2. a program component which addresses a current inventory of the inmate's achievements or lack of progress;
 3. a program component which addresses relapse prevention and life skills;
 4. a program component which addresses family education; and
 5. a Reintegration Plan with actions to arrange for reentry, community support system and follow up, if still under Department supervision.
- E. Counseling for Pregnant Inmates. Counseling and pre-natal planning assistance may be provided to a pregnant inmate.
- F. Physical Environment. Each program site shall provide adequate space conducive to specified program services. Rooms used for individual and group counseling sessions shall allow for adequate privacy.
- G. Program Counselor Utilization. Program components and capacities shall be established at each program site by the Unit Administrator in consultation with the Director of Programs and Services. Program staff duties shall be established to reflect optimal scheduled program hours, direct contact with the inmate, and professional development. The majority of program staff's weekly schedule shall be devoted to direct inmate contact.
- H. Program Staff Selection. Program Coordinators and staff shall be hired and/or promoted in consultation with the Director of Programs and Services and in accordance with Administrative Directive 2.3, Employee Selection, Transfer and Promotion.
- I. Client Tracking System. Each inmate admitted to a substance abuse treatment program shall be entered into the Client Tracking System (CTS) to provide individual client data. Each appropriate unit shall maintain an up to date program and services inventory to document program participation and facilitate case management.
9. Records Management. Each unit shall maintain a program file and the Program Activity Log, CN 101302, Attachment B, for each assigned inmate involved in program participation.
- A. Program File. The Program file shall reflect the sequential

program functions of:

1. screening and assessment;
 2. program planning for each inmate;
 3. program interventions;
 4. caseload education;
 5. crisis intervention;
 6. progress/action log;
 7. case review;
 8. referral and consultation;
 9. reintegration plan; and
 10. discharge plan.
- B. Program Activity Log. Program staff shall be responsible to forward any significant program event, e.g., program initiation, involvement or completion, poor or outstanding program evaluation, etc., to the classification counselor who shall record it on the Program Activity Log, CN 101302, Attachment B. The Program Activity Log shall be maintained as the top sheet in Section 6 of the Master File and shall not be included in the Program file. The information contained in the Program Activity Log, CN 101302, Attachment B, may also be maintained on an RT screen.
- C. Maintenance of Records. All inmate program records shall be maintained in locked file cabinets.
- D. Records Confidentiality. The confidentiality of Program files shall be maintained in accordance with Department of Correction Administrative Directives and Federal and State program guidelines as required for each individual program.
- E. Records Transfer. All Program files shall be continued, rather than reinitiated, for each new facility or program admission. The substance abuse treatment section of the Program file shall be forwarded in a sealed envelope to accompany or follow the inmate's Master file prior to an inmate's transfer or release, or shall be forwarded to the appropriate unit within two (2) business days. The provision of substance abuse treatment services shall be documented on the appropriate forms in accordance with Administrative Directives 1.5, Public Information and News Media Relations, 4.1, Offender Records, and 4.5, Records Retention.
- F. Disclosure. Disclosure within the Department shall be on a case-by-case basis to authorized personnel with a need to know. Disclosure of treatment information outside the Department shall be made only with an informed consent from the inmate utilizing an appropriate disclosure form or by court order.
10. Program Audits and Reports. The Programs and Services Unit shall conduct audits at each appropriate unit in accordance with Administrative Directive 1.9, Audits. A written summary of the audit shall be submitted to the Unit Administrator with a copy forwarded to the District Administrator.
- Unit Administrators or designees at each facility shall submit required monthly program activity reports to the Director of Programs and Services. The Director of Programs and Services shall submit a summary of the monthly reports to the Deputy Commissioner of Programs.
11. Program Evaluation. Consistent with Administrative Directive 1.7,

Research, the Programs and Services Unit shall conduct program process evaluations. In addition, independent outside evaluators shall be contracted to provide program outcome evaluations.

12. Staff Training and Development. Programs and Services staff shall be trained in accordance with Administrative Directive 2.7, Training and Staff Development.
13. Certification. Each unit providing substance abuse program services shall complete an annual plan for certification/recertification approved by the Unit Administrator and the Director of Programs and Services to ensure that program staff attain certification in accordance with the requirements established by the Connecticut Certification Board (CCB).
14. Clinical Supervision. The Director of Programs and Services may designate, in consultation with the appropriate Facility Administrator, a Clinical Supervisor to assist program staff in the certification process. The Programs and Services Unit shall ensure a comprehensive program of group and individual Clinical Supervision is maintained. Each unit shall establish standards time for clinical supervision of program staff as appropriate. This shall involve on-site clinical supervision of group counseling and crisis intervention practices by a designated clinical supervisor. The approved or certified clinical supervisor shall receive clinical direction for supervision through on-site assistance and monthly forums facilitated by the Programs and Services Unit.
15. Transition. The Department of Correction shall meet essential compliance of this Directive within 60 days of the effective date.
16. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require the prior written approval of the Commissioner.

ATTACHMENT A
INMATE SCHEDULE

CN 101301
9/25/95

NAME _____ # _____ INSTITUTION _____ HOUSING UNIT _____

SIGNATURE _____ PRIMARY ASSIGNMENT _____ ASSIGNMENT SUPERVISOR _____

TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

CHANGE REQUEST DATE (S) _____

WAITING LIST _____

EFFECTIVE DATE _____ COUNSELOR NAME _____ SIGNATURE _____

INMATE COPY

CN 101302

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9/25/95